

# Homemaker-Home Health Aide

## Applications and Instructions for Completing Criminal History Review for Endorsement Certification

State of New Jersey  
Department of Law and Public Safety  
Division of Consumer Affairs  
New Jersey Board of Nursing  
Criminal History Review Unit

## APPLICANT PROCEDURE

### INSTRUCTION SHEET

## HOMEMAKER - HOME HEALTH AIDE EMPLOYEE CRIMINAL HISTORY REVIEW

Pursuant to N.J.S.A. 45:11-24.3 et seq., all initial applicants for a New Jersey Homemaker-Home Health Aide Certification must first submit to a criminal history background check.

1. In order to complete the criminal history review process, you must complete the following:
  - A. Application for Certification;
  - B. Certification & Authorization Form; and
  - C. One Federal and one State fingerprint card.
2. Print or type the required information clearly on the provided fingerprint cards. These are the only fingerprint cards to be used. Instructions for completing the fingerprint cards are included in this information packet.
3. **Take the fingerprint cards to the local police department where you reside.** If no local police department is nearby, fingerprints may also be taken at the County Sheriff's office or at the nearest State Police station. Prior to requesting that fingerprints be taken, you should contact the law enforcement agency involved since some law enforcement agencies have designated times set aside for this service. Some law enforcement agencies may also charge a nominal fee for their assistance in taking prints. **POSITIVE IDENTIFICATION** will be required by the police at the time the prints are taken. The following will be accepted:
  - A. Photo driver's license;
  - B. Social Security card; or
  - C. Birth certificate.

**NOTE: Your local police department may process fingerprint cards electronically. When you go to your local police department, if fingerprints are processed electronically, the police department will give you additional cards. The original fingerprint cards, along with the electronic fingerprint cards, must be returned together with your application form(s).**

4. Complete the Application for Certification and the Certification & Authorization Form and have both forms notarized. You must answer all of the questions on the Application for Certification and the Certification & Authorization Form truthfully and completely.

**\*PLEASE NOTE:** You are required to complete the Application for Certification and the Certification & Authorization Form, including having your signature witnessed by a notary. Failure to consent to, or cooperate in, the securing of a criminal history background check automatically disqualifies you for employment. Please also be advised that if you submit a false statement concerning a conviction for a disqualifying offense, you shall be disqualified from certification and shall not have an opportunity to establish rehabilitation. You may also be subject to a fine of up to \$1,000.

5. If you have disclosed on your Certification & Authorization Form that you have been convicted of a disqualifying criminal offense, you must provide evidence of rehabilitation\* along with your application.

**\* The failure to provide evidence of rehabilitation will result in an automatic disqualification. Do not submit your application if you have been convicted of a disqualifying offense and have not attached evidence of rehabilitation.**

6. Return the completed fingerprint cards, the Application for Certification, the Certification & Authorization Form, and the appropriate fee to the New Jersey Board of Nursing. If your fingerprint cards are rejected because they are unusable you will be notified, in writing, of the procedure to submit new fingerprint cards. **Your failure to submit new fingerprint cards within 10 business days is grounds for denial of your application.**

#### FACTORS OF REHABILITATION

\*P.L.1997, c. 284 provides that the New Jersey Board of Nursing may grant certification to a disqualified applicant who can affirmatively demonstrate, by clear and convincing evidence, that he/she is rehabilitated. In determining whether an applicant has affirmatively demonstrated rehabilitation, the following factors must be considered:

1. The nature and responsibility of the position which the convicted person would hold or has held, as the case may be;
2. The nature and seriousness of the offense;
3. The circumstances under which the offense occurred;
4. The date of the offense;
5. The age of the person when the offense was committed;
6. Whether the offense was an isolated or repeated incident;
7. Any social conditions which may have contributed to the offense; and
8. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the person under their supervision.

**NOTE: All letters and documents which are used to substantiate rehabilitation must be dated and signed by the individual writing the letters or documents: for example, the employer, a member of the clergy, the probation officer, an official of a rehabilitation agency or a counselor.**

7. The state and federal fingerprint cards are forwarded to the Criminal History Review Unit by the New Jersey Board of Nursing, along with any criminal history information. A determination will be made concerning your qualification or disqualification.

If no criminal history record exists, a letter of qualification will be sent to you and to your New Jersey home care services agency employer, which is your conditional or prospective employer.

8. In the event a criminal history record exists, you will receive a letter outlining any offense(s) which may be used as a basis for disqualification with instructions concerning the procedures for the filing of a petition in reply. Failure to file a petition within 30 days will result in permanent disqualification. Notification of your disqualification will also be sent to your New Jersey home care services agency employer, which is your conditional or prospective employer.

All questions concerning these procedures should be directed to the Criminal History Review Unit at (609) 826-7184.

9. **Your continuing responsibility to disclose convictions for disqualifying crimes/offenses:** You must notify the New Jersey Board of Nursing within no more than five (5) business days if you are convicted of any of the disqualifying crimes or offenses identified on the following pages after this form has left your hands. Failure to do so may result in automatic termination of your current employment, denial of initial or renewal application for certification, revocation of your certification or conditional certification as a homemaker-home health aide and/or a fine of up to \$1,000.

10. You must attach to your completed Application for Certification, and Certification & Authorization Form a **money order, certified check, or company check made payable to the "Board of Nursing"** in the amount of **\$50.00** to cover the cost of the initial Application and Certification (the application fee is nonrefundable).

**Cash or Personal Checks will not be accepted.**

# INSTRUCTIONS FOR COMPLETING THE FEDERAL FINGERPRINT CARDS

## [FD-258, PRINTED IN BLUE]

All requested information must be entered (**TYPE OR PRINT IN BLACK INK**). Incomplete cards will not be processed. **DO NOT FOLD FINGERPRINT CARD.**

- **NAME:**  
Full name, last name first. If no middle name, enter "NMI."
- **SIGNATURE OF PERSON FINGERPRINTED:**  
Sign name in the presence of a police officer at the time prints are taken.
- **ALIAS:**  
Any other name that the applicant has used, or has been known by. If none, enter "N/A."
- **RESIDENCE OF PERSON FINGERPRINTED:**  
Full address, including ZIP code.
- **CITIZENSHIP:**  
Indicate "yes" or "no" as to whether the applicant is a citizen of the United States.  
Otherwise, abbreviate the name of the country wherein the applicant is considered to be a citizen.
- **ORI NUMBER:**  
Pre-printed with: NJ920590Z DIV CNSMR AFF-DO NEWARK, N.J.
- **DATE OF BIRTH:**  
Enter numerically the full date of birth by month, day and year. (example: 01/04/2000)
- **SEX:**  
( M ) for male, ( F ) for female.
- **RACE:**  
Race must be indicated by one of the following one-character alphabetic characters:  
A= Asian, B= Black, I= American Indian, U= Unknown, and W= White.  
**Note: Additional explanations of race codes are listed below:**  
A- Includes Pacific Islander, Chinese, Japanese, Polynesian, Korean and Vietnamese.  
B- Black  
I- Includes Alaskan native, Eskimo and American Indian.  
W- Includes Caucasian, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish culture or origin regardless of race.
- **HEIGHT:**  
Height (example: 5'10"- 6'0").
- **WEIGHT:**  
Note weight in pounds (lbs.) (example: 175 lbs.)

- **EYES:**  
Indicate eye color by one of the following three-character codes:  
BLK= black, BLU= blue, BRO= brown, GRY= gray, GRN= green,  
HAZ= hazel, MAR= Maroon, MUL= multicolored, PNK= pink, XXX= unknown
- **HAIR:**  
Indicate hair color by one of the following three-character codes:  
BAL= bald, BLK= black, BLN= blond, BRO= brown, GRY= gray  
RED= red, SDY= sandy, WHT= white, XXX= unknown
- **PLACE OF BIRTH:**  
Enter the city and state where the applicant was born. If foreign born, enter the name of city or town and country.
- **DATE:**  
Enter numerically the date when fingerprints were taken. (example: 01/04/2000)
- **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:**  
The signature of the person who rolled the fingerprints is required.
- **YOUR OCA NUMBER:**  
[Leave blank.]
- **EMPLOYER AND ADDRESS:**  
Enter the name and address of the submitting agency/school.
- **FBI NUMBER:**  
[Leave blank.]
- **ARMED FORCES NUMBER:**  
If known, enter the serial number if the applicant is currently serving, or has ever served, in any branch of the armed forces.
- **SOCIAL SECURITY NUMBER:**  
Enter Social Security number.  
(Provision of your Social Security number is voluntary. However, it is necessary to ensure the reliability of the background check. Your failure to provide this identifier may delay the processing of your application.)
- **MISCELLANEOUS NUMBER:**  
[Leave blank.]

# INSTRUCTIONS FOR COMPLETING THE STATE FINGERPRINT CARDS

## [SBI-19, PRINTED IN BLACK]

All requested information must be entered (TYPE OR PRINT IN BLACK INK). Incomplete cards will not be processed. **DO NOT FOLD FINGERPRINT CARD.**

- **NAME:**  
Full name, last name first. If no middle name, enter "NMI."
- **MARKS, SCARS, AMPUTATIONS:**  
Describe any prominent marks, scars, tatoos or amputations, with description and location.
- **DATE OF BIRTH:**  
Enter numerically the full date of birth by month, day and year. (example: 01/04/2000)
- **PLACE OF BIRTH:**  
Enter the city and state where the applicant was born. If foreign born, enter the name of the city or town and country.
- **SEX:**  
( M ) for male, ( F ) for female.
- **RACE:**  
Race must be indicated by one of the following one-character alphabetic characters:  
A= Asian, B= Black, I= American Indian, O= other, and W= White.  
**Note: Additional explanations of race codes are listed below:**  
A - Includes Pacific Islander, Chinese, Japanese, Polynesian, Korean and Vietnamese.  
B- Black  
I- Includes Alaskan native, Eskimo and American Indian.  
O- all other  
W- Includes Caucasian, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish culture or origin regardless of race.
- **HEIGHT:**  
Height (example: 5'10"- 6'0").
- **RESIDENCE:**  
The full address, including the ZIP code.
- **SOCIAL SECURITY NUMBER:**  
Enter Social Security number.  
(Provision of your Social Security number is voluntary. However, it is necessary to ensure the reliability of the background check. Your failure to provide this identifier may delay the processing of your application.)
- **ALIAS:**  
Any other name that the applicant has used, or has been known by. If none, enter "N/A."

- **ORI NUMBER:**  
Pre-printed with: NJ 920590Z N.J. Division of Consumer Affairs
  - **WEIGHT:**  
Note weight in pounds (lbs.) (example: 175 lbs.)
  - **HAIR:**  
Indicate hair color by one of the following three-character codes:  
BAL= bald, BLK= black, BLN= blond, BRO= brown, GRY= gray  
RED= red, SDY= sandy, WHT= white, XXX= unkown
  - **EYES:**  
Indicate eye color by one of the following three-character codes:  
BLK= black, BLU= blue, BRO= brown, GRY= gray, GRN= green,  
HAZ= hazel, MAR= Maroon, MUL= multicolored, PNK= pink, XXX= unknown
  - **SBI NUMBER:**  
[Leave blank.]
  - **SIGNATURE OF PERSON FINGERPRINTED:**  
Sign name in presence of police officer at the time fingerprints were taken.
  - **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:**  
The signature of the person who rolled the fingerprints is required.
  - **DATE TAKEN:**  
Enter numerically the date when fingerprints were taken. (example: 01/04/2000)
- \* Please complete the back of the State card, indicating your occupation and employer.**

**DISQUALIFYING CRIMES**  
**CRIMES SET FORTH IN N.J.S. 2C THAT DISQUALIFY AN APPLICANT**  
**PURSUANT TO N.J.S. 45:11-24.3**

- (1) In New Jersey, any crime or disorderly persons offense:
- (a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S. 2C:11-1 et seq., N.J.S. 2C:12-1 et seq., N.J.S. 2C:13-1 et seq., or 2C:14-1 et seq., N.J.S. 2C:15-1 et seq.; or
  - (b) against the family, children or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S. 2C:24-1 et seq.; or
  - (c) involving theft as set forth in chapter 20 of Title 2C of the New Jersey Statutes; or
  - (d) involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a of N.J.S. 2C:35-10.
- (2) In any other state jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above in paragraph (1) of this section.

**N.J.S. 2C:11**

<u>N.J.S. 2C:11-1</u>	Bodily Injury
<u>N.J.S. 2C:11-2</u>	Criminal Homicide
<u>N.J.S. 2C:11-3</u>	Murder
<u>N.J.S. 2C:11-4</u>	Manslaughter
<u>N.J.S. 2C:11-5</u>	Death by Auto and Vessel
<u>N.J.S. 2C:11-6</u>	Aiding Suicide

**N.J.S. 2C:12**

<u>N.J.S. 2C:12-1</u>	Assault
<u>N.J.S. 2C:12-2</u>	Reckless Endangering Another Person
<u>N.J.S. 2C:12-3</u>	Terroristic Threats
<u>N.J.S. 2C:12-10</u>	Stalking

**N.J.S. 2C:13**

<u>N.J.S. 2C:13-1</u>	Kidnapping
<u>N.J.S. 2C:13-2</u>	Criminal Restraint
<u>N.J.S. 2C:13-3</u>	False Imprisonment
<u>N.J.S. 2C:13-4</u>	Interference With Custody
<u>N.J.S. 2C:13-5</u>	Criminal Coercion
<u>N.J.S. 2C:13-6</u>	Enticing Child Into Motor Vehicle, Structure or Isolated Area



## N.J.S. 2C:14

<u>N.J.S. 2C:14-2</u>	Sexual Assault
<u>N.J.S. 2C:14-3</u>	Criminal Sexual Contact
<u>N.J.S. 2C:14-4</u>	Lewdness

## N.J.S. 2C:15

<u>N.J.S. 2C:15-1</u>	Robbery
<u>N.J.S. 2C:15-2</u>	Carjacking

## N.J.S. 2C:20

<u>N.J.S. 2C:20-2.1</u>	Automobile Theft
<u>N.J.S. 2C:20-3</u>	Theft by Unlawful Taking or Disposition
<u>N.J.S. 2C:20-4</u>	Theft by Deception ( <b>including welfare fraud regardless of date of conviction</b> )
<u>N.J.S. 2C:20-5</u>	Theft by Extortion
<u>N.J.S. 2C:20-6</u>	Theft of Property Lost, Misplaced or Delivered by Mistake
<u>N.J.S. 2C:20-7</u>	Receiving Stolen Property
<u>N.J.S. 2C:20-7.1</u>	Fencing
<u>N.J.S. 2C:20-8</u>	Theft of Services
<u>N.J.S. 2C:20-9</u>	Theft by Failure to Make Required Disposition of Property Received
<u>N.J.S. 2C:20-10</u>	Unlawful Taking of Means and Conveyance
<u>N.J.S. 2C:20-11</u>	Shoplifting ( <b>regardless of date of conviction</b> )
<u>N.J.S. 2C:20-13</u>	Library Materials, Purposeful Concealment, Prima Facie Presumption
<u>N.J.S. 2C:20-14</u>	Taking Person into Custody for Probable Cause for Belief of Willfully Concealing Library Material; Arrest without Warrant; Probable Cause for Belief Theft; Immunity from Liability
<u>N.J.S. 2C:20-15</u>	Sign: Posting
<u>N.J.S. 2C:20-16</u>	Maintaining Facility for Sale of Stolen Automobiles or their Parts
<u>N.J.S. 2C:20-17</u>	Employment of Juvenile to Commit Automobile Theft
<u>N.J.S. 2C:20-18</u>	Leader of Auto Theft Trafficking Network
<u>N.J.S. 2C:20-25</u>	Computer-Related Theft

<u>N.J.S. 2C:20-26</u>	Property or Services of \$75,000 or More
<u>N.J.S. 2C:20-27</u>	Property or Services Between \$500 and \$75,000
<u>N.J.S. 2C:20-28</u>	Property or Services Between \$200 and \$500
<u>N.J.S. 2C:20-29</u>	Property or Services of \$200 or less
<u>N.J.S. 2C:20-30</u>	Damage or Wrongful Access to Computer System
<u>N.J.S. 2C:20-31</u>	Disclosure of Data from Wrongful Access
<u>N.J.S. 2C:20-32</u>	Wrongful Access to Computer
<u>N.J.S. 2C:20-33</u>	Copy or Alteration of Program or Software with Value of \$1,000 or less
<u>N.J.S. 2C:20-36</u>	Prohibited Transactions Involving Food Stamps, Coupons, or ATP Cards of \$150 or More
<u>N.J.S. 2C:20-37</u>	Prohibited Transactions Involving Food Stamps, Coupons, or ATP Cards of Less than \$150

#### N.J.S. 2C:24

<u>N.J.S. 2C:24-1</u>	Bigamy
<u>N.J.S. 2C:24-4</u>	Endangering Welfare of Children
<u>N.J.S. 2C:24-5</u>	Willful Non-Support
<u>N.J.S. 2C:24-6</u>	Unlawful Adoptions
<u>N.J.S. 2C:24-7</u>	Endangering the Welfare of an Incompetent Person
<u>N.J.S. 2C:24-8</u>	Endangering Welfare of Elderly or Disabled

#### N.J.S. 2C:35

<u>N.J.S. 2C:35-3</u>	Leader of Narcotics Trafficking Network
<u>N.J.S. 2C:35-4</u>	Maintaining or Operating a Controlled Dangerous Substance Production Facility
<u>N.J.S. 2C:35-5</u>	Manufacturing, Distributing or Dispensing
<u>N.J.S. 2C:35-6</u>	Employing a Juvenile in a Drug Distribution Scheme
<u>N.J.S. 2C:35-7</u>	Distributing, Dispensing or Processing Controlled Dangerous Substance or Controlled Substance Analog on or within 1,000 feet of School Property or Bus
<u>N.J.S. 2C:35-8</u>	Distribution to Persons under age 18
<u>N.J.S. 2C:35-9</u>	Strict Liability for Drug Induced Deaths
<u>N.J.S. 2C:35-10</u>	Possession, Use or Being Under the Influence, or Failure to Make Lawful Disposition ( <b>except paragraph (4) of subsection a. possession of 50 grams or less of marijuana, or 5 grams or less of hashish).</b>

<u>N.J.S.</u> 2C:35-11	Imitation Controlled Dangerous Substance; Distribution, Possession, Manufacture, etc.
<u>N.J.S.</u> 2C:35-13	Obtaining By Fraud
<u>N.J.S.</u> 2C:35-16.1	Conviction of Drug Related Offenses Taking Place Upon Leased Residential Premises



120-Day Period:

Begins \_\_\_\_\_

Ends \_\_\_\_\_

State of New Jersey  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
NEW JERSEY BOARD OF NURSING  
124 HALSEY STREET, PO BOX 45010  
NEWARK, NEW JERSEY 07101  
(973) 504-6430

APPLICATION FOR CERTIFICATION  
AS A HOMEMAKER-HOME HEALTH AIDE

**Directions:** Answer **all** questions on **both** sides of this application form as well as all questions on the attached Certification & Authorization Form for the Criminal History Background Check. Attach a recent passport-type photograph on page 2 of this Application. Sign **both** this Application and the Certification & Authorization Form. Have **both** this Application and the Certification & Authorization Form **notarized**. You must attach a **money order, certified check or company check made payable to the "Board of Nursing"** in the amount of **\$50.00** to cover the cost of the Application and Certification. (The application fee of is nonrefundable).

1. Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last Middle First Maiden Name

2. Address \_\_\_\_\_  
Street City State ZIP code County

3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female Place of Birth \_\_\_\_\_  
Month Day Year City State

4. Social Security number \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone number \_\_\_\_\_  
Include Area code

(Provision of your Social Security number is voluntary; however, it is necessary to ensure the reliability of the background check. Your failure to provide this identifier may delay the processing of your application.)

5. Training program attended \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP code County

6. Name of Employing Agency for the past calendar year \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP code County

Dates of Employment From \_\_\_\_ To \_\_\_\_  
Month Year Month Year

7. Name of supervising registered nurse while employed \_\_\_\_\_

8. State of original certification \_\_\_\_\_

9. Prospective New Jersey employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP code County

HP number \_\_\_\_\_ or Facility number \_\_\_\_\_

**Sign your name directly on the front of the photograph.**  
Avoid covering the features of the photograph.

The photograph provided must be a recent one having been taken no more than six months prior to the submission of the application.

Please paste a regular, 2" x 2" passport-type photograph here.  
The background must be white, your features clear cut, and your face must be at least one-inch long. Do not use tape to attach the photograph.

You **must** answer all of the following questions. If you answer "Yes" to any of these questions, you must attach the relevant documentation (complaint, court order/decision, certification of any termination of probation, etc.) If your license has been reinstated, attach a copy of the reinstatement order.

7. Has any action ever been taken against your Homemaker-Home Health Aide Certification / Nursing license by any state licensing board or Federal agency? Yes ☐ No ☐
8. Is there any action pending against your Homemaker-Home Health Aide Certification / Nursing license by any state licensing board or Federal agency? Yes ☐ No ☐
9. Have you ever been permitted to surrender or otherwise relinquish your Homemaker-Home Health Aide Certification / Nursing license to avoid injury, investigation or action by any state licensing board or Federal agency? Yes ☐ No ☐

**It Is Your Responsibility To Keep The New Jersey Board Of Nursing  
Continually Informed Of Any And All Changes In Your Name Or Address As They Occur.**

### **AFFIDAVIT**

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I, \_\_\_\_\_, in making this application to the New Jersey Board of Nursing for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1.1 et seq., and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**

Official Use Only

Candidate number \_\_\_\_\_

Certificate number \_\_\_\_\_

**Official Use Only**  
BON Candidate's Number \_\_\_\_\_



120-Day Period:  
Begins \_\_\_\_\_  
Ends \_\_\_\_\_

**State of New Jersey**  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
NEW JERSEY BOARD OF NURSING  
124 HALSEY STREET, PO BOX 45010  
NEWARK, NEW JERSEY 07101  
(973) 504-6430

**CERTIFICATION & AUTHORIZATION FORM  
FOR CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer each question, sign and have the form notarized.

Mr.  
Mrs.

1. Name Ms. \_\_\_\_\_  
First Middle Last Maiden Name

2. Address \_\_\_\_\_  
Street City State ZIP code County

2a. CHHA number (if already issued) N \_\_\_\_\_

3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female Place of Birth \_\_\_\_\_  
Month Day Year City State

4. Check Race: ☐ Asian ☐ Black ☐ American Indian ☐ Unknown ☐ White

5. Social Security number \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone number \_\_\_\_\_  
Include area code

(Provision of your Social Security number is voluntary; however, it is necessary to ensure the reliability of the background check. Your failure to provide this identifier may delay the processing of your application.)

6. Employer name (N.J. home care services agency) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP code County

ID number \* \_\_\_\_\_ Telephone number \_\_\_\_\_  
Include area code

**\* ID number refers to agency HP number, or facility number.**

**Crimes And Offenses**

A person shall be disqualified from certification if that person's criminal history record background check reveals a record for conviction of any of the following crimes or offenses:

(1) In New Jersey, any crime or disorderly persons offense:

- (a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:11-1et seq.; N.J.S.2C:12-1et seq., N.J.S.2C:13-1et seq., N.J.S.2C:14-1et seq., or N.J.S.2C:15-1et seq.; or
- (b) against the family, children, or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:24-1et seq.; or
- (c) involving theft as set forth in Chapter 20 or Title 2C of the New Jersey Statutes; or
- (d) involving any controlled dangerous substance or controlled substance analog as set forth in Chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a of N.J.S.2C:35-10.

(2) In any other state or jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in paragraph (1) of this subsection.

**N.J.S.A. 45:11-24.3a**

For a more detailed description of these offenses, see the list appearing in the instructions.

7. CHECK ONE ONLY:

- ☐ I have **no record of conviction** for **any** of the disqualifying crimes or offenses identified above.
- ☐ I have been convicted of one or more of the disqualifying crimes or offenses identified above.

**Every such conviction on record MUST be disclosed.** True copies of each judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in automatic termination of your current employment, denial of initial or renewal application as a home-maker-home health aide, revocation of certification or conditional certification and/or a fine of up to \$1,000.** NOTE: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of disqualifying crimes/offenses:** You **must** notify the New Jersey Board of Nursing within no more than five (5) business days if you are convicted of any of the disqualifying crimes or offenses identified above after this form has left your hands. Failure to do so may result in **automatic termination of your current employment, denial of initial or renewal application for certification, revocation of your certification or conditional certification as a homemaker-home health aide and/or a fine of up to \$1,000.**

## AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I, \_\_\_\_\_, in making this application to the New Jersey Board of Nursing for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1.1 et seq., and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**